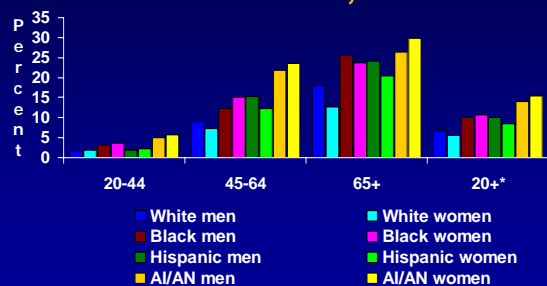


Prevalence of diabetes among adults, by age, race/ethnicity, and sex, United States, 2003



*Age-adjusted based on the 2000 U.S. population
Source: 2002-03 National Health Interview Survey and 2003 Indian Health Service outpatient data.

ISSUE

American Indians and Alaska Natives have the highest prevalence of type 2 diabetes in the world. Diabetes is traditionally a disease of older people but, alarmingly, diabetes is being diagnosed at young ages in Indian communities. Prevention of diabetes and optimal management of diabetes to prevent its complications are urgent priorities.

BACKGROUND

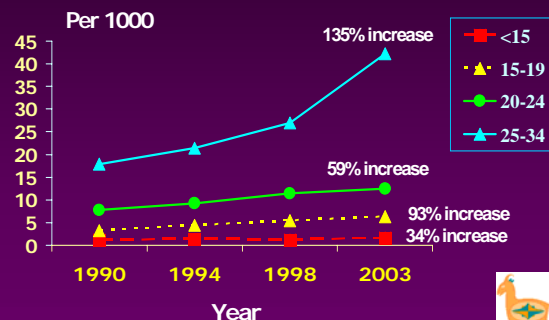
The IHS Division of Diabetes Treatment and Prevention (DDTP) has received national and international recognition as a leader in the area of diabetes quality improvement, including developing and monitoring systems of diabetes clinical care through its *Annual IHS Diabetes Care and Outcomes Audit* and creating

diabetes surveillance systems for tracking diabetes prevalence and complications. Publications documenting IHS DDTP program's ability to improve care with low tech, low cost approaches have been numerous. However, the costs of providing quality diabetes care are extremely high. Estimates from the American Diabetes Association suggest that the average cost of diabetes care is over \$13,000 per patient per year, much of this due to the costs of pharmaceuticals. Yet the IHS per capita personal health care expenditure for American Indian and Alaska Native patients is \$2133. Thus, in the past the limited resources available for diabetes care in the Indian health system were mostly devoted to the clinical care of diabetes and prevention of its complications, rather than to less well scientifically proven methods for primary prevention of diabetes in those without the disease.

SITUATION

The Balanced Budget Act of 1997 provided \$150 million over 5 years for "the prevention and treatment of diabetes in American Indians." The funds were reauthorized for an additional 5 years, fiscal years 2004-2008, at \$150 million per year. Two thirds of these tribal and urban Indian health grant programs focus at least part of their efforts on primary prevention of diabetes, since the publication of new studies showing that diabetes can be prevented. As part of this effort, the IHS established a quantitative and qualitative tracking system to monitor these efforts. Additionally, 66 new grantees are part of a Targeted Demonstration Project that was launched in November 2004. Thirty-six of these grantees are focusing on primary prevention of type 2 diabetes; the other 30 are focused on the reduction of cardiovascular risk in those already diagnosed with type 2 diabetes. The implementation of these grants programs and complicated monitoring and evaluative activities of diabetes prevention and treatment efforts represent an increased investment in program infrastructure.

Prevalence of diagnosed diabetes among children and young people, by age group, 1990-2003



Source: IHS Diabetes Program Statistics

OPTIONS/PLANS

The IHS Division of Diabetes continues to strengthen the IHS diabetes infrastructure at the Headquarters and Area office levels to maintain and improve diabetes surveillance, technical assistance, provider networks, and clinical monitoring. In addition, the Area Diabetes Consultants provide technical support to diabetes programs in their respective Areas by supporting prevention and treatment programs that are culturally sensitive and focused. A rigorous evaluation model for the Targeted Demonstration Project grantees has also been developed.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.